PSC-ED-OSDFS

Moderator: Carlette Huntley
April 21, 2011
2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the question-and-answer session, please press star, 1 on your touchtone phone.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

I now turn today's meeting over to Carlette Huntley. You may now begin.

Carlette Huntley: Thank you. I want to thank everyone for joining us this afternoon. I want to apologize for the late delay. We had some technical issues getting the slides posted, but we wanted you to have an opportunity to hear the conversation via conference call as well as be able to view the slides.

As you know, today's Webinar is designed to assist applicants who are pursuing a grant through the 2011 Carol M. White Physical Education Program grant. There are some elements in the application packet that are very specific, and we wanted to host a Webinar that was specific to some of

those things to give you some - an opportunity to ask questions and get a little more detail about what's needed and how those tools work.

So today, we are pleased to have our colleagues from CDC to present to you info on the School Health Index as well as BMI and the HECAT and the PCAT.

So at this point, I will turn it over to my colleagues at CDC for the presentation. And afterwards, we will have questions and - a question-and-answer session.

So at this point, I'm going to turn the Webinar over to Sara Lee and Allison Nihiser.

Sara Lee: Good afternoon everyone. Thank you for joining us and thanks to the Department of Education for inviting us to be part of the Webinar today. As Carlette mentioned, there are several aspects of the PEP announcement that integrate the work of the Centers for Disease Control and Prevention's Division of Adolescent and School Health, which is where Allison and I are located.

I serve as the Lead for Physical Activity and Physical Education, and I'm going to go through the elements of the School Health Index, the PECAT, and the HECAT, as they relate to PEP.

So the first slide everyone should be able to see up on the screen. It shows shots of the covers of the School Health Index, which I'm sure most of you are hopefully familiar with. The School Health Index is a self-assessment and planning guide and it is - it comes in an Elementary School Version as well as a Middle and High School Version for secondary schools.

One of the things that is important to remember about the requirement in the PEP announcement that involve the School Health Index - it's pretty pertinent to remember because this is part of the application process itself. So in order to apply for a PEP, you must complete the physical activity and nutrition questions in Modules 1, 2, 3, and 4 of the School Health Index. There are more than four modules, but the PEP requirement is that you must complete all the physical activity and nutrition-related questions in those first four modules.

After you have completed that, you must submit your overall scorecard for all of those questions within those four modules. And related to the overall scorecard, what PEP requires is that you look at your score and develop the School Health Improvement Plan that is part of the School Health Index. That's something that you complete once you're done going through the process of completing the School Health Index. And then, align the School Heath Improvement Plan to your PEP project design.

You must also complete the same module of School Health Index at the end of your project period and submit your overall scorecard at the project end as well. For community-based organizations that are not partnering with a school or a local education agency, you must use an alternative needs assessment tool that is similar in nature of the School Health Index that gives you the opportunity to assess yourself, develop some plan for improvement aligned with your project, and completed at the project's end.

So in addition to sharing the requirements, it's important to know what the purpose of the School Health Index is. As I mentioned at the first slide, School Health Index is a self-assessment and planning tool. The main purpose of School Health Index is really to enable you to look at the strengths and

weaknesses -- excuse me -- of your health policies, practices, and programs. And of course specifically in this case, as it relates to PEP, really looking at the strengths and weaknesses of your physical activities. Obviously, physical education and nutrition policies, practices, and programs.

The second thing that the School Health Index does is it enables schools to develop an action plan for improving student health, and in particular, looking at those policies, practices and programs and how those might be improved in order to support student health and maintain it over time.

Finally, one of the most important things of the School Health Index is that we never recommend that it be completed in isolation, but rather be conducted by a team of people that represent multiple aspects of the school community. So everything from teachers, parents, students, and the community should be engaged in the process.

Always wonderful if you have a Principle or somebody from the School Board also on the team that goes through the School Health Index together, looks at each question thoroughly and then processes everything to come up with that improvement plan I mentioned in the previous slide.

Overall, the latest edition, which is the fourth edition of the School Health Index, does cover the topics you see on this slide. It's Physical Activity, Healthy Eating, Tobacco Use Prevention, Unintentional Injuries and Violence Prevention, and Safety, and Asthma.

A lot of times we get the question about how the School Health Index was designed, where the information came from. And the source of most of the recommendations and the questions in the School Health Index come from our series of guidelines and strategies that CDC has put out over the last several

years. On this slide, you'll see our series of guidelines, and we have these sets of guidelines that address everything from Physical Activity and Healthy Eating to Tobacco Use Prevention and Injury and Violence Prevention, and we're currently working on updating multiple sets of these guidelines.

So what the School Health Index does is take what is stated from the research and from the science in the guidelines and really translates that into the School Health Index question. So the School Health Index is an evidence-based tool, and it also pulls on and draws on promising practices that occur in the field and within schools.

The School Health Index format, as I'm sure many of you know, as the modules are set up are really based upon the Coordinated School Health Program Model. This is a model that we utilize for all aspects of our work here in the Division of Adolescent and School Health. And of course if you go back to the previous slide with all those guidelines, we utilize the framework of the Coordinated School Health Model to outline the recommendations for schools.

And then therefore, the School Health Index utilizes all of these components to draw out all of the questions within School Health Index. So everything from family and community involvement, of course physical education, nutrition services, and the other bubbles located around the circle.

So the importance of having School Health Index be part of the PEP requirement is pretty significant. What we have seen in the past with schools who have actually used the School Health Index are some really wonderful outcomes because of going through the process. And that is what a big hope is in using the School Health Index; to inform your project design and project planning and look at where you've improved near the end of the project.

So, this is just a list of some of the things we've heard from schools. There have been research and evaluation studies done with schools and districts who have used the School Health Index. So in everything from even the creation of a School Health Team to increasing time and securing policies for physical education, adding healthier choices to vending machines, planting school gardens, incorporating health lessons and messages into classroom lessons. These are all examples of outcomes that have occurred based on results of the School Health Index.

I'm sure that many of you have already used School Health Index, and it's great to see the wide distribution of it. It's used in at least 46 states in the US. It is used internationally in multiple countries; Canada, Mexico, Egypt, Saudi Arabia, Oman, and West Africa.

We know that many states are not necessarily requiring it, but certainly promote it so that a lot of districts and schools across the states are using it. And, we know that large districts are also using it; DeKalb County, here in Atlanta, Cobb County, Miami-Dade, and Nashville have all really infused School Health Index into their programming. So this is why it is one of the most popular tools we publish and we have both online and hard copy versions.

A couple things we want to highlight about the School Health Index. School Health Index is a self-assessment and planning tool, as I have mentioned, and it's really great as a community organizing and educational process. We do not recommend that School Health Index be used for research or evaluation, and it should be - not be used as a tool to audit or punish teachers within schools or other school staff.

School Health Index also identifies low cost or no cost changes that can be done, and we have found that it's very focused, reasonable, and a user-friendly experience once the teams really get into it.

Typically - as you can see the Making a Difference slide changes that have occurred based upon School Health Index. They're not that expensive, and we try and really believe it's not a long and bureaucratic and painful process, but rather something that's you know eye opening in some cases and it really helps people understand what should be in place related to school health.

As we mentioned, it should be completed by teams and not by an individual. There are the two separate versions for the different school levels. And it has - it's the whole self-assessment piece with the eight modules and the Planning for Improvement section. So that's the outline of the School Health Index, whether you're doing it in hard copy or online.

Typically, the School Health Index can be completed in as little as six hours. When we look at Module 4, and you will - that's where PEP grantee applicants will be focused. It's about one hour per module, so it should take you less than the six hours.

This is a screenshot of the School Health Index online. It's very user friendly. You just set up a team name and your own password, and really start working online right away. And you can also use the hard copy and can request copies online as well.

This just shows you another screenshot of getting started and how you select the module and then - or the health topic you want to focus on.

This is a screenshot of a training manual that we have online that supports School Health Index if you're ever interested in training others on using School Health Index.

Everything that I've mentioned today related to School Health Index can be found online at CDC.gov/healthyuse/shi.

Allison Nihiser: Thank you Sara for that nice overview of the School Health Index. I'm Allison Nihiser. I am - I also work at CDC DASH in our Research Application branch. I'm a health scientist here, and my area of content expertise is childhood obesity. I've actually done a lot of work focusing on school-based BMI measurement programs, and so we'll kind of talk about what the PEP requirement are and the rationale for having some of them in place.

So as you know, collecting childhood - child body mass index data is actually a competitive preference priority for PEP applicants. It's not required, but you do receive priority - a preference priority if you do state that you will be completing Childhood Body Mass Index data collection. Information on this topic can actually be found on our Web site at CDC.gov/healthyuse/obesity/bmi.

Today, we're going to talk about what BMI is, what's the difference between aggregate BMI data collection and screening is, what the actual PEP requirements are, what resources are available to you, and overviews of all the summary of what is required in the competitive preference priority, and items to be mindful of.

So Body Mass Index, or BMI, is actually a tool to determine an individual's weight status. Individuals are either characterized as underweight, normal

weight, overweight, or obese by this tool. BMI assesses excess weight for a particular height. It does not actually determine body fat, but it looks at excess weight for a particular height. It is a calculation of weight divided by squared, and I've included both the English and the metric formulas here for your viewing.

To assess weight status and use, you must actually go one step further than a calculation and collect information on the child's age and gender. Then the child's BMI is plotted by age on a gender-specific growth chart. This gives us this gives you a BMI for age percentile. So youth who are at or above the 95th percentile are considered obese. Youths who are at or above the 85th percentile are overweight. Youths between the 5th and 84th percentiles are normal weight. And, youths below the 5th percentile are underweight.

Now you need to know that BMI is only a screening tool. It is not a final diagnosis. The diagnosis must be made by a medical care provider. And that's really important as your moving through each program.

So this is an example of CDC's BMI for age percentile growth chart. You'll see on the horizontal access is the child's age in years. And on the vertical access is the child's BMI. Now this one is specific to boys, because we know that there are definite - there are different growth development changes that happen - that are different between boys and girls, and also the body fat percentage distributions can be different between boys and girls.

So if you were to look at a child that is a boy that is 10-years old and he has a BMI of 23, you'll see that he would be classified above the 95th percentile. His BMI would be above the 95th percentile meaning that he is obese. But if you were to take a 14 year old with the same BMI of 23, you'll see that he

wouldn't be as great of risk for obesity. He'd be more of the normal weight/healthy weight category.

Because again, this is because the body fat distribution changes as - through your growth and developmental years.

Just real quick though. There are actual software programs and Excel formulas that can be used to determine an individual's BMI for age percentile, so you don't necessarily have to hand plot every score - every child's score. I'll show you where you can find some of those software programs.

Now - so this is the categories of obese, overweight, healthy weight, and underweight.

Now there are actually two purposes for BMI data collection in schools. The first is aggregate BMI data collection and the second is for screening, and I'll describe both of those.

Aggregate BMI data collection is what is required for PEP. For - sorry, it's what's required for the PEP competitive preference priority. Aggregate BMI data collection means you're identifying the percentage of students in a certain population, such as an entire school, school district, or state who are obese, overweight, normal weight, and underweight. It can also be known - or heard as surveillance or data monitoring.

This - okay, this does not involve communication of the results to parents. And typically, the results are anonymous.

Aggregate BMI data collection may or may not be collected for all youth. It can be collected as part of a representative sample of youth as well. Now I

said that it's typically anonymous, so this means that data collectors must deidentify the data before they make the information public. This includes removing any identifying information that might link a specific child to that data point, such as the child's name, their parent's name, or anything else, et cetera.

Then, all the data from every child is actually combined to determine the overall percentage of youth in each weight status for that school, school district, or state. This way when the data is shared publicly to the community, no weight data can be traced back to a specific child.

Now there are a number of benefits of aggregate BMI data collection. It helps you to identify population trends so you can see if there've been increases over time, or those subgroups that might be at greatest risk, such as certain age groups or maybe a particular gender. And, it allows you to create awareness among school staff and administrators of the need to address obesity in your community.

It can provide motivation to improve policies and practices around healthy eating and physical activity. And then, it allows you to monitor the effects of school-based interventions such as PEP.

Now I said there was two reasons to collect BMI measurement data in schools, and the other one is for screening. Screening is particularly defined as identifying those youths that are at risk of a weight-related health problem. Then, you provide the parents with their child's BMI results and recommend that that youth that might be at risk for overweight or obesity be followed-up with a medical care provider.

Now the communication to parents might include a letter informing the parent of their child's BMI for age percentile or an explanation of the results. It can include recommended follow-up action, if any, and tips on healthy eating, physical activity, and healthy weight management.

Now keep in mind PEP is not asking applicants to do this as part of the competitive preference priority. But if an applicant chooses to do BMI data collection for the purposes of screening, then the applicant must be having certain safeguards in place. They also - if they choose screening, they must also be doing aggregate BMI data collection. The applicant will not receive competitive preference priority if they are only conducting screening.

Now while PEP is not requiring screening, for those sites that do decide to conduct weight screening, PEP is asking the following be completed. The applicant should have a mechanism in place to send the information to parents with a clear explanation of results. And for those youths identified as underweight, overweight, or obese, the applicant must establish a referral system to a local medical care provider.

So this slide tells you those individuals that need follow-up after BMI screening, you can follow-up - fall into these categories to be referred to a medical care provider.

Now just as I mentioned earlier, BMI is only a screening, and therefore the final diagnosis must be made by a medical care provider. The medical care provider will be able to determine if in fact the child is at risk for a weight-related health problem. And then possibly, place the child on a medically supervised weight maintenance plan if necessary.

Now when you're identifying those providers to refer to, these medical care providers should have adequate diagnostic and treatment services available. This safeguard is in place to avoid any unintended negative consequences such as a parent placing the child on an unsupervised diet that might potentially be harmful to the child.

There are a number of benefits for BMI screening, including correcting misperceptions of parents and children about their child's weight, motivating parents and children to make those healthy lifestyle changes; add more fruits and vegetables to the diet or increase their physical activity. Alert those parents that need to take their child who might be overweight and obese to a medical care provider so they can have further evaluation.

And similar to aggregate BMI data collection, you may also increase awareness among school staff of the need to address obesity.

Now one thing I want to mention, and actually I forgot to mention this on the benefits of BMI aggregate data collection. But PEP will actually require - requires you to write the reason you are actually going to be collecting this BMI data collection. And the reasons I listed as the benefits for aggregate BMI data collection and the benefits of BMI screening are all appropriate reasons.

Now to maximize the benefit of BMI data collection and minimize any potential negative consequences, PEP requires applicants to meet the following safeguards in order to receive the competitive preference priority for BMI data collection. I'm going to go through each one in a little bit more detail.

First, we're going to introduce the program and obtain parental consent. What this means is that you're going to need to inform parents of your intent to collect child's BMI and explain that test for the data collection. Is it aggregate BMI data collection or is it for BMI screening, or is it for both? Involve parents in a planning process of the BMI data collection. Make sure your getting their buy in so you're not surprising them with this information. Also, allow parents the opportunity to opt out from having their child's height and weight measured.

The second safeguard is to train staff in administering the program if the data is not being collected by the school nurse. So, you need to ensure that staff conducting the data collection are well informed on how to accurately measure height and weight, calculate BMI for each percentile using CDC growth charts, measure students in a respectful and sensitive manner, and know how to deidentify and aggregate the data.

You need to make sure you establish a standardized protocol for those staff that will be conducting the measurement.

Three. Be sure your protecting student privacy. Measurement should occur outside of the sight and hearing distance from other children or staff not participating in the program. Again, the student data should be deidentified for aggregating and before you share it publicly. So, be sure that you deidentify the data so that you can never trace the data back to a particular student.

Four. Accurately measure height and weight. Be sure you're using appropriate equipment, and we'll talk about that in the next few slide. You need to establish a protocol for accurate data collection. That means calibrating the equipment so it's accurately measuring the height and weight data, and you might be measuring each child twice to ensure that data points are within a

pre-determined standard so that you make sure you're getting consistent measurements every time.

Five. You need to know how to accurately calculate a child's weight status. That means you need to calculate all the necessary information. That includes height and weight, and then for children you are collecting age and gender. So you need height, weight, age, and gender in order to calculate a BMI percentile and plot it on a CDC BMI for each growth chart.

Six. Develop an efficient data collection procedure. Establish some sort of timing and flow so that children enter the assessment site so that measurements occur outside of the hearing or sight distance from other children, and also so as not to - to provide the least amount of disturbance to classes.

Ensure that there are ways to have accurate data and entry and calculation. And so this might be that you're using some type of software in order to get that efficient calculation of the BMI for each percentile. CDC actually has a free BMI tool for schools that allows up to 2000 data entries and will calculate BMI for each percentile. And, I'll show you how that works in a second.

Seven. Collect measurements at both the beginning and the end of the funding cycle. Reviewed the BMI percentiles over time are more important than a standalone data point. This allows individuals to see if youth are maintaining their weight status or increasing or decreasing weight status over time. This also allows individuals to assess any progress of the programs, such as PEP.

Okay. In addition to the data collection safeguards for aggregate BMI data collection and BMI screening, if you do choose to do BMI screening, there are two more safeguards in place. Additional requirements apply if an applicant

chooses to move forward with screening. These include resources for safe and effective follow-up to medical care providers in the community, and providing parents with a clear explanation of the BMI results.

Okay. So here are a couple slides on the equipment that should be used. For measuring height, you need to use an electronic or beamed balance scale to assess weight. There are actual - there are scales that are better than others. It's not appropriate to use a typical bathroom scale or a spring balance scale.

I listed some distributors of scales that have the electronic or beam balance scale. But again, this is not an extensive list and do not - you're not limited to these distributors.

For measuring height, you need to use a stadiometer to assess height. It's really important that you get an accurate height measurement because height can really influence a BMI and influence a BMI category. It's really not appropriate to use tape, yardsticks, or graphics attached to the wall.

Again, here are some distributors of stadiometers and it's not an exhaustive list.

As I mentioned before, CDC actually has a children's BMI tool for school. It's free. And what it allows you to do is enter up to 2000 measurements for students in your school district. You'll enter the child's data of birth, their data of measurement -- so you can get their correct age -- the child's gender, their height and weight -- and you can do it in the English unit -- and it will calculate those last two columns that you see on the top table. It'll calculate the BMI and the BMI percentile for each student.

Then what it'll do next, if you look at the second of the table below it, is that it will deidentify and aggregate the data so that you can see, in this instance of 186 students, 35% were overweight or obese, or 19% were obese. And then if you go on, you can actually also aggregate the data - it will also aggregate the data and crate charts for you and graphics so that you can share it publicly.

And here's the address for where you can find it. And again, we will make these sites public so that you can - you don't have to fervishly write down the address.

Some additional resources for you are the Federal Help Resources and Services Administration guidance on equipment and technique for accurately weighting and measuring infants, children, and adolescents, as well as CDC's training module for the BMI or age growth chart.

So - and the next two or three slides are - actually outline the competitive preference priority. So remember, you get a competitive preference priority if you select to do aggregate BMI data collection. You need to have some program-specific assurances that I went over, including use CDC's BMI for age growth charts, deidentifying the student data, aggregating the data, and make the data publicly available - make the results, not the data - make the results publicly available so they can see the percent of youth that are overweight or obese in that community.

You also need to create a plan that ensures that the safeguards are in place if you're doing BMI measurements. And, you also need to assign program-specific assurance that you'll involve parents in this process. And if you're doing a screening program, you will have these two additional safeguards in place at the bottom.

Now in conclusion, I just want to go over a couple things that you need to be mindful of. Calculating BMI and weight status, you need to make sure you're using the CDC BMI for age growth charts. There are actually different formulas out there. Some fitness tests calculate child weight status with a different formula.

Fitnessgram for example, while similar to CDC's cut points now with their new changes, they actually have a slightly different cut point for weight status. So, we decided when writing this announcement that applications will be required to use CDC BMI for age percentile growth charts to assess youth weight status. Using CDC growth charts really allows you to look at those different categories of overweight, obese, normal weight, and underweight, and it's also the recommended method for assessing youth weight status.

Make sure you have the correct intent of the BMI measurement program. Are you doing aggregate BMI data collection, or are you doing screening? And finally, make sure you have the proper equipment in place. A typical bathroom scales is not acceptable, and tape, yardsticks, and graphics attached to the wall are not acceptable.

So this gives you an overview, and we will make these available so you can return to them and look for more information.

This concludes my section on BMI, and I'll now pass it back to Sara to discuss DASH's curriculum analysis tools.

Sara Lee: Thank you, Allison. This is Sara again, and I will be going into a bit of detail about both the PECAT and the HECAT and the requirements within PEP related to these two tools.

So I'm going to first focus on PECAT. And specifically within the PEP process, it states that applicants that plan to use grant-related federal funds, including federal and non-federal matching funds, to create, update, or enhance their physical education curricula are required to use the PECAT and submit their overall scorecard and curriculum improvement plan.

Also, those who are planning to use the same grant-related funds to enhance their nutrition instruction and health education must first complete the Healthy Eating Module of the HECAT.

Second, use a curriculum improvement plan from HECAT to identify curricular changes to be addressed during the funding period. Of course, that's specific to healthy eating and nutrition education.

And then third, describe how the HECAT assessment would be used to guide nutrition instruction curricular changes.

I'm going to give you just a bit of an overview about CDC's physical education curriculum analysis tool. The purpose of this tool is to help schools conduct clear, complete, and comprehensive analyses of written physical education curricula. The PECAT is a tool to again look at a written physical education curriculum.

And what we mean by curriculum is something that's very comprehensive that includes standards. That includes scope and sequence. That includes lesson plans. It includes learning objectives or benchmarks, whatever they might be called within your curriculum. And PECAT is based on the national standard for physical education, but is also flexible to add state or local standards to be analyzed as well.

The physical - the PECAT is not a tool that is meant to grade an entire physical education program, and it's not meant to evaluate the quality of physical education teachers. It's simply just specific to curriculum itself.

As I mentioned, we use the national standards as the framework for the PECAT, and we really kind of extracted information within each standard using the (thin) expectations and other components within each of the six standards.

The target audiences for the tool are everyone from state education agency staff and health department staff to curriculum committees or physical educator within school districts, schools, or community organizations. Curricula developers sometimes have used the PECAT to fine tune their packaged curriculum, and colleges, and other future programs within universities.

So just to give you an overview of what the PECAT is like. In the front part of the PECAT, there's a very brief introduction and very simple step-by-step instructions about how to use the tool. In the first part, there's what we call the preliminary curriculum considerations, and these are accuracy, acceptability, feasibility, and affordability.

So you get a picture before you start digging even deeper into the content of the curriculum that really pushes the teams looking at their curriculum to see if it's accurate, if it has been updated and revised within the last five years, or if there's scientific information within the tool that needs to be changed.

Is it acceptable to the school community, to the students that you are serving? Is it feasible to implement within the amount of time that you have to teach

and the number of teachers and equipment that you have? And then is it affordable?

The second part is really what we call kind of the meat of the PECAT, that is the content and student analysis analyses, and this is where there is such a strong focus on the national standards. And again, you can add state or local standards to your analysis.

So basically, you're asked a series of questions regarding what is in the curriculum. If there are lessons that align with each of the standards, and if you have student assessment protocols that also align with them?

And then finally, the third part is the curriculum improvement plan.

So these are the major steps for going through the process of completing PECAT. The first is very similar to the School Health Index. We strongly recommend that there be somebody identified as the coordinator or the lead, and then form a committee or a team and identify roles right off the bat about each of those committee members.

The second step is to review all the materials. Read through the curriculum, read through the PECAT, become familiar with the tool, and identify any additional state or local standards that you want to be part of the analysis process.

Third is to complete both preliminary curriculum considerations I just mentioned.

Fourth is to complete the content and student assessment analysis.

So both steps three and four are the places where you will receive specific scores in the PECAT.

And then fifth is to utilize those scores of those results to create your plan for improvement. So again, very similar to School Health Index the way you look at different things within the curriculum. Led by a team of people, you come up with your results and create a plan for how to improve it and how to prioritize.

The HECAT is very similar in structure, and format, and function. The purpose of the HECAT is to really help the school select, develop, or assess health education curriculum. Will help young people adopt and maintain healthy behaviors. And of course as it relates to PEP in particular, the focus is on the Healthy Eating Module of HECAT.

One of the ways that it differs a bit is there are so many more health education curricula that are commercial developed. And so, a lot of folks have used HECAT to help them select the best packaged curricula for their program.

Finally, provide guidance in reviewing and improving locally developed health education curricula.

The HECAT is not a tool -- again, very similar to PECAT -- to evaluate the effectiveness of a particular curriculum. It is not meant to analyze or select a set of ancillary materials that are separate from the curriculum. It is not meant to analyze all school health activities that might be happening within a school or within a district. It is not for assessing health education or instruction. So similar, it's not meant to look at and analyze teachers. And again, not meant to assess materials to be used outside of the school setting.

Similar audience that we have for the PECAT exist for the HECAT.

These are the topics that are covered within the HECAT. And again, for the purpose of (half) the focus for those who are applying is on the Nutrition Module, because it looks at specific pieces as it relates to healthy eating across all grade levels.

The HECAT is laid out with general instructions, step-by-step guidance in Chapter 1. The second piece, General Curriculum Information, just gives an overview about what - how we define curriculum. Overall summary forms actually come up front here in Chapter 3. And then similar to the PECAT are the preliminary curriculum considerations, which are the same that you saw in PECAT, but of course just specific to health education.

The Curriculum Fundamentals and Curriculum Analysis Modules look at the content and look at learning outcomes and objectives within health education.

I'm going to skip over those.

One thing to note with the overall summary form, which is in Chapter 3, is that this summarizes the scores from Chapters 4, 5, and 6. As I mentioned, the preliminary curriculum considerations are the same; accuracy, acceptability, feasibility, and affordability.

To give you a little bit more detail about curriculum fundamentals, this contains bullets to help you analyze and score characteristics of any curriculum, and it focuses on learning objectives that are there, teacher materials that are - the design of them, the instructional strategies and materials, and the promotion of norms that value positive health behaviors.

The module that you're to focus on for PEP is the Healthy Eating one, which is in - within Chapter 6. And what this does is really identify the essential knowledge and skills that are important to include in health education curriculum. They're all aligned with the National Health Education Standard, so similar to PECAT and the National PE Standard, and provides information that is critical for your analysis. This is the piece that takes the most amount of time.

There are the Web sites for each of those tools. So as we've mentioned before, we are willing to share these slides and have them posted or distributed whichever way that our friends at Department of Education would like so that you can get all the Web addresses and all the information that we have shared throughout.

One of the things that I wanted to share is that throughout 2011, we have free workshops available on all three of those tools through the DASH Training Network, or D-Train. D-Train is a cadre of trainers that we have trained at CDC in all three of these tools.

So, the trainer will come to your site -- we cover all of the expenses for the trainer -- and it would be a great way for you to get familiar with the tools and be able to utilize them, especially with the curriculum tools, if you so choose to align your program - your PEP program with those two tools. And there's a Web site at the end if you would like to request a workshop.

And that concludes our presentation. That is the last slide, and I will turn it back over to Carlette.

Carlette Huntley: Thank you. Thank you all for a great presentation. And it's a lot of helpful information and you're sure to answer quite a few questions that some of the applicants have or have had.

At this point though, we will open it up for questions. So if you have a question, please be prepared to ask at this point.

Coordinator: Thank you. To ask a question on the phone, please press star, 1 on your touchtone phone. Please unmute your line and record your name when prompted.

One moment please for our first question.

Our first question comes from (Gudden). Go ahead.

(Gudden): Yes. I have a question dealing with the School Health Index. We have six Elementary schools. Does each one of the Elementary schools have to do a separate School Health Index? Or can a group of people do it for the Elementary schools, a group do it for the Middle and the High school, or do we have to do it for each individual school?

Sara Lee: This is Sara. I'm going to turn - I'm going to pass that question to Carlette.

Carlette Huntley: We recommend that you do it for each school that you plan to serve.

(Gudden): Okay. So I just needed clarification.

Carlette Huntley: Yes.

(Gudden): Thanks.

Carlette Huntley: Yes.

Coordinator: Thank you. Our next question then comes from (Nichole Rogers). Go ahead.

(Nichole Rogers): My question is during the presentation when they were speaking about BMI, the presenter said that it can be represented as a sampling population. But I just wanted a clarification that for the PEP purpose, we need to sample all of our students that we - until we get approval couldn't do a sampling population. We would have to sample all of our students, no matter - I mean, because we are a district with approximately 60,000 Elementary students.

So I just want a clarification that even though they said a sampling population could be used, for the purposes of PEP we need to sample all of our students.

Allison Nihiser: This is Allison. Carlette, I'm going to defer to you.

Carlette Huntley: Yes. When you say you need to sample all of your students, you mean you need to collect data on all of your students?

(Nichole Rogers): Correct.

Carlette Huntley: Yes. Under the PEP program, some grantees are allowed to sample, but that's done after the fact. So in anticipation of getting the award, you should plan to collect data on all of the students you're serving.

(Nichole Rogers): Thank you.

Coordinator: Our next question comes from (Katie Laramour). Go ahead.

(Katie Laramour): Hi. I just have a question on what needs to be included in the - from the HECAT for any curriculum that is proposed in the narrative. Is it just the module curriculum improvement plan? There's not an overall improvement plan in the HECAT, correct?

Allison Nihiser: There is one, but you - just - obviously, we'll do it just for that module.

(Katie Laramour): Okay. So just the curriculum improvement plans for the Healthy Eating Module?

Allison Nihiser: Yes.

(Katie Laramour): Okay. And then what about the overall summary score? Should I include that as well, or is that not applicable?

Sara Lee: Yes. That is.

(Katie Laramour): That is applicable?

Sara Lee: Right.

(Katie Laramour): Okay.

Sara Lee: You would just use - I mean, you could just transfer your scores into the overall summary - overall scorecard.

(Katie Laramour): Okay.

Sara Lee: So you'll have a lot of space because you're not completing all of the modules, but that's fine, I think. Isn't it Carlette?

Carlette Huntley: It is. Yes.

(Katie Laramour): Okay. So it may not - because it's just that module, the overall scorecard may not be complete, but we should still include it?

Carlette Huntley: Correct.

(Katie Laramour): Okay. Great. Thank you so much.

Coordinator: Our next question comes from (Steven Sigda). Go ahead.

(Steven Sigda): Yes. Are there any requirements or is there a benefit related to using an independent evaluator for - you know, for your project proposal?

Carlette Huntley: An independent evaluator in general? Or are you talking specifically for these tools that we've discussed today?

(Steven Sigda): I'm talking about for the evaluation of the - you know, of the grant proposal. As part of the evaluation requirements, do we need to use an independent evaluator?

Carlette Huntley: We don't require that you do. But if you have internal evaluators (unintelligible) that's fine. However, you are allowed to use grant funds to hire independent evaluators.

(Steven Sigda): Okay. Just one other question.

((Crosstalk))

Carlette Huntley: (Unintelligible).

(Steven Sigda): Is it allowable to use a similar self-assessment tool to the School Health Index? In Michigan, we have the Healthy School Action Tool which was based on the School Health Index, and it's a tool our schools are familiar with using. Is that allowable to substitute that tool as long as you do a pre- and post?

Carlette Huntley: If you are a community-based organization and you are not partnering with an LEA, then you can certainly use an alternate assessment tool. If you are an LEA or if you are a community-based organization partnering with an LEA, then you're required to use the School Health Index tool.

(Steven Sigda): Okay. Thank you very much.

Coordinator: Next question comes from (Serena Vuhamid). Go ahead.

(Serena Vuhamid): I actually have two questions. The first question is if you have before and after school activities and they have a physical education curriculum or nutrition ed curriculum, do they need to also go through the HECAT and PECAT assessment? Or, is that just for the regular school day curriculum?

Carlette Huntley: You will use the PECAT and HECAT if you're planning to use grant funds in any capacity to update or enhance your curriculum. If you're not planning to use grant related funds, whether they're federal or non-federal do that, then you're not required to use these tools.

(Serena Vuhamid): Okay. And for some reason Carlette, I think your microphone might be low, because I'm not really hearing you. Could you repeat that? I'm sorry.

Carlette Huntley: Oh, I'm sorry. You are required to use the PECAT and the HECAT if you plan to use grant related funds, either federal or non-federal, to either create or update or enhance your PE or your health curriculum. If you're not planning to use funds to update or enhance or crate a curriculum, then you're not required to use those tools.

(Serena Vuhamid): Okay.

And my second question. Is there a resource that has a sample of BMI report cards that have been used in other districts?

Allison Nihiser: I can - this is Allison. I - you can email me directly and I can give you some insight on a couple. And Arkansas has a bunch. Pennsylvania has some too. So Carlette, are you going to be able to give people our contact information?

Carlette Huntley: Sure.

Allison Nihiser: Or could they email you and then you forward me the email?

Carlette Huntley: I can. Yes. They can email me and I can forward.

Allison Nihiser: Okay. Is that okay?

(Serena Vuhamid): Yes. Thank you.

Carlette Huntley: No problem.

Allison Nihiser: Okay. Great.

Coordinator: Next question comes from (Diane Olsen). Go ahead.

(Diane Olsen): So I'm wondering if you could give me any examples of CBOs that were not connected with schools that have received PEP grants.

Carlette Huntley: I'm sorry. I couldn't hear the question.

(Diane Olsen): I was wondering - I don't know if you can do this, but I was wondering if you could tell me of any examples of a CBO that was not partnered with a school that received a PEP grant?

Carlette Huntley: We have a list of all of the PEP recipients on our Web site from I think like 2002 all the way through 2010. So you could start there by checking the list of recipients and seeing who they are. If you have any specific questions to are there - any of those, you can email me.

(Diane Olsen): Okay.

And...

Carlette Huntley: But we do have the list posted.

(Diane Olsen): ...I don't know if you can answer this either, but I'm just wondering about summers. Are these programs only during the school year when they are through schools?

Carlette Huntley: Right. And they vary. That's why I said you can look through them and look through the list and then email me. I can't recall right off hand what everybody's doing...

(Diane Olsen): Right.

Carlette Huntley: ...what every individual program's doing, but some of them are not partnering with schools and they're running independent programs.

(Diane Olsen): Okay.

Carlette Huntley: But, many of them are. And, there's a brief description on the Web site as well.

(Diane Olsen): Okay. Great.

And then I'm just wondering about the PECAT and the HECAT. They are not necessarily required if you're not making changes to curriculum, correct?

Carlette Huntley: I'm sorry. I didn't - did you finish the question?

(Diane Olsen): I did.

Carlette Huntley: Hello?

(Diane Olsen): Hello.

Sara Lee: It sounds like you were asking if you're not planning to do curricular changes whether or not you're required to use the PECAT?

(Diane Olsen): Then you don't need those, correct?

Sara Lee: Correct. It's not a - it's not something you have to do overall - as an overall requirement. If you are planning though to use the funds to create, update, or

enhance your curriculum, you do need to use the PECAT if it's for PE. And if you're doing it for health education, you use the HECAT.

(Diane Olsen): And if you wanted to incorporate a rope challenge course into your grant, would that require - and you were partnering with schools that would require a curriculum change, which would then require a PECAT. Is that correct?

Carlette Huntley: Yes. That's correct.

(Diane Olsen): And are there systems for...

Carlette Huntley: If it's not...

(Diane Olsen): What's that? I'm sorry.

Carlette Huntley: If that's not already a part of what you're doing, if you - so if that's not a part of your curriculum now, you're doing something to enhance it or update it or create something different, then yes.

(Diane Olsen): Well, I guess my question is if we were to partner with a school and we were to use a rope challenge course that we were building, would they need to update their curriculum?

Carlette Huntley: If that is an element of their - that's not currently a part of their curriculum, then yes.

(Diane Olsen): All right. Thank you.

Coordinator: Our next question comes from (Kristine). Go ahead.

(Kristine): Hi. Yes, just a couple of questions. I don't think - I think this was answered, but I'm not positive. We are - for the School Health Index and the PECAT and the HECAT, we're not required to do them prior to submitting our proposal, correct? We can do them as part of our plan once we - if we are funded. Is that correct?

Carlette Huntley: No. For the School Health Index you are required to do that prior...

(Kristine): Okay.

Carlette Huntley: ...because you need to include your overall scorecard.

(Kristine): Okay.

Carlette Huntley: However for the PECAT and HECAT, you are not required to include those with your application.

(Kristine): Just to say that we plan to use them.

Carlette Huntley: But you need to discuss how you're going to do that.

(Kristine): And then respond to that in our proposal.

Carlette Huntley: Yes. But...

(Kristine): Okay.

Carlette Huntley: ...for the School Health Index, you need to do that prior because you need to include the scorecard.

(Kristine): Okay. Okay.

And my other question is, is there a - is there a planning period allowed in this grant? For example, are you allowed to have a planning period of let's say six months, or - you know Year One, or do you have to plan to start right at the time of funding?

Carlette Huntley: You should plan to start on - your start date should be October 1.

(Kristine): Okay. So then no planning period.

And lastly, I think I heard from the - I'm sorry, is it Allison that spoke earlier? She mentioned something about the Fitnessgram Program, so that's not something you're recommending using now because it doesn't align with the CDC for the way they do it. Is that correct - for the BMI?

Allison Nihiser: We're not - we're saying specifically for the BMI measurement portion...

(Kristine): Yes?

Allison Nihiser: ...that you would want to use the CDC BMI for age growth charts for assessment of BMI.

(Kristine): As opposed to Fitnessgram?

Allison Nihiser: As opposed to Fitnessgram's one component on measuring weight status.

(Kristine): Okay. So the Fitnessgram Program is okay to use if we chose to do that, but just not for the BMI portion?

Allison Nihiser: Correct.

(Kristine): Okay.

Allison Nihiser: Yes. Right on.

(Kristine): Great. Perfect. Thank you. That's it. Thank you very much.

Coordinator: Our next question comes from (John). Go ahead sir.

(John): Thank you. I have a question with regard to the SHI. The request for proposal seems to state that it is required to include the scorecards for the schools that we're completing this on. I'm just not clear about the school improvement plan. I'm wondering - from what I understand from what I'm reading here, it seems to say that we need to include the scorecards as part of our PDF file attachment. Do we also need to include the school improvement plan or just the scorecards?

Carlette Huntley: You need to correlate your school improvement plan to your project design, and you're going to use your findings from the School Health Index to identify what your needs were.

(John): I understand that. But I guess the question I have is with regard to the actual - you know, if you complete the School Health Index, the final step in doing that is to create a school improvement plan, and then you come up with a matrix. I'm just - I guess my question is do you want us to send on the matrixes too? Or, do we - should we just include the plan or a description of the plan as part of our Section 2, when we're talking about the project plan?

Carlette Huntley: Well you defiantly need to discuss it, so it needs to a part of the narrative. If you want to include the actual matrix as well, then that's fine. But you definitely need to discuss the plan.

(John): In Section 2 - or the Selection Criteria 2?

Carlette Huntley: Yes.

(John): Right.

But my question is - I understand we need to discuss the school improvement plan for all of our schools in there, but I guess the question I have is do we need the actual copy - the SHI document matrix, which is the final step in the assessment process, and include that in the PDF, or just the scorecards?

Carlette Huntley: Just the scorecard.

(John): Just the scorecard? So you don't need to actually print that out and include that also?

Carlette Huntley: You don't have to.

(John): Okay. All right. As long as we - I mean obviously, we need to discuss that in our narrative. Okay.

Also, I have a question about the BMI. Our schools have been using the BMI for several years; however, I - we haven't been using the CDC growth charts to do it. If we decide to do that competitive preference priority, can we just submit the aggregate data that you're requesting? And would that be sufficient to apply for that priority?

Allison Nihiser: So what are you using if you're not using CDC growth charts?

(John): I don't know.

Allison Nihiser: Okay. That's fine. So - because you might be using CDC growth charts as part of the calculation. You can look to see if it's shooting out a BMI for each percentile.

(John): Okay.

Allison Nihiser: But what we recommend is that you know, for the - so the - part of the preference priority says that you are going to establish a plan to do aggregate BMI data collection. So if you're going to do aggregate BMI data collection as part of this grant, you need to make sure that you are using the CDC BMI for age growth chart.

So if you're already collecting height and weight data that - and I'm sure you're already collecting height, weight, age, and gender already. So what you would do is just make sure that when you calculate it, you're using the BMI for age growth chart formula.

(John): Oh, okay. When we're calculating our aggregate results?

Allison Nihiser: Yes. So then you would - and then - yes. Then you would put forward your aggregate results.

(John): Okay. Okay. I got you.

Allison Nihiser: Just make sure that part - that aggregate results are being calculated - like - so the raw data is the same, so you're getting the height and weight data that's raw. So if you already have that raw data, you could then apply the CDC BMI for age growth chart charts to get the correct calculation.

(John): Right. Okay.

Allison Nihiser: Like I said, you might want to ask - you might already be doing it if it's shooting out a BMI for age percentile and then saying if they're overweight, obese, et cetera.

(John): Okay. Thank you. That's all.

Allison Nihiser: you're welcome.

Coordinator: Our next question comes from (Tonya Smith). Go ahead.

(Tonya Smith): Hi. I'm - the reason - my question was answered earlier, but I just want to double check because it's kind of hard to hear today. If you are going to be changing your healthy eating curriculum or using a different one in your after school program, you need to use the HECAT, but we can explain it in our narrative. We don't have to have it done prior to, correct?

Woman: Correct.

(Tonya Smith): Okay. It's just very hard to hear today. Thank you.

Coordinator: Our next question then comes from (Eva Sapolla). Go ahead.

(Eva Sapolla): Hello. My question might have been answered earlier as well, but I just wanted to clarify. With regards to the School Health Index and being a community-based organization that's offering programs within the school district, are we required to conduct the School Health Index for each site that we plan to offer services? Or because we're the community-based organization applying, how does that work?

Carlette Huntley: I'm sorry. If you're a community-based organization and you're partnering with the LEA, do you need to do a School Health Index for each site?

(Eva Sapolla): That's what I'm asking, yes.

Carlette Huntley: Yes. You should.

(Eva Sapolla): So, we do need to do a School Health Index then for each site?

Carlette Huntley: Correct.

(Eva Sapolla): And we then do need a partnership agreement if we're working in the schools and we're in the CBO?

Carlette Huntley: Correct.

(Eva Sapolla): Okay. Thank you.

Coordinator: At this time, there are no further questions on the phone.

Carlette Huntley: Okay. Well again, I'd like to thank my colleagues at CDC for providing this Webinar and making available all this great information for the applicants.

As we stated earlier, if you do have specific questions or if you need to contact me, please feel free to do so and I can answer your questions or forward them on. We will post the Webinar and the transcript of this Webinar out probably within the next week.

We are scheduled to have one more technical assistance Webinar for the 2011 PEP competition. It will not be specific like this one. It'll be a general one. We've not narrowed a date. It will likely be the very first week in May. We will post that on the Web site as we did the others. So be on the lookout for that if you were not able to attend the first two general sessions that we had.

So at this time, Sara and Allison again I want to thank you so much for providing the information, and I'd like to thank all the participants this afternoon. And good luck with your applications.

Allison Nihiser: Thank you, Carlette.

Sara Lee: Thank you.

Carlette Huntley: So this concludes this Webinar.

Coordinator: Thank you.

Allison Nihiser: Goodbye.

Carlette Huntley: Bye-bye.

END